

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
2	/					52						
3	/					53						
4	/					54						
5	/					55						
6	/					56						
7	/					57						
8	(1)					58						
9	(1)					59						
10	(1)					60						
11	(1)					61						
12	(1)					62						
13	(1)					63						
14	/					64						
15	/					65						
16	/					66						
17	/					67						
18	/					68						
19	/					69						
20	/					70						
21	4	/				71						
22	/					72						
23	/					73						
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41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	9					TOTAL IND.						
TOTAL DEP.	14					TOTAL DEP.						
TOTAL CLAIMS	23					TOTAL CLAIMS						